| | tive October 1, 20 | | | 0 | 117 | 400 | 128 X | 00 | |
|--|-----------------------|---------------------------------|------------------|---------------------|------------------------|-----|---------------------|-------------------------|--|
| CLAIMS AS | (Column 1) | i . (Colur | nn 2) | SMALL EN | | OR | OTHER SMALL | | |
| TOTAL CLAIMS | 28 | | | RATE | FEE | | RATE | FEE | |
| FOR | NUMBER FILED | NUMBER EXTRA | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | 28 minus 20= | . 8 | | X\$ 9= | | OR | X\$18= | 144 | |
| DEPENDENT CLAIMS | minus 3 = | minus 3 = 3 | | X40= | | ÖR | X80= | 240 | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | +135= | | OR | | | | |
| If the difference in column 1 is | less than zero, ente | r "0" in c | olumn 2 | TOTAL | | OR | | 1254 | |
| CLAIMS AS AMENDED - PART II (Column 1). (Column 2) (Column 3) | | | | | | | | OTHER THAN SMALL ENTITY | |
| CLAIMS REMAINING AFTER AMENOMENT | HIG NUN PREV | HEST MBER HOUSLY OFOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAI FEE | |
| 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Minus - Z | 8 | • | . X\$ 9= | | OR | X\$18= | | |
| Independent . U | Minús ••• | 4 | | X40= | | OR | X80= | 1,3 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | +135= | * | OR | | | |
| | and the second of | | (Column 3) | ADDIT. FEE | | OR | ADDIT. FEE | | |
| (Column 1) CUAIMS REMAINING AFTER AMENDMENT | FIG NUI PREV | HEST MBER TOUSLY O FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAI FEE | |
| Total 15 | Minus | 18 | = | X\$ 9= | | OR | X\$18= | | |
| Independent | | | = (45000) | X40= | | ÖR | X80= | | |
| FIRST PRESENTATION OF M | IULTIPLE DEPENDEN | T CLAIM | | +135= | | OR | | | |
| | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| (Column 1) | | ımn.2) | (Column 3) | | | _ | | | |
| CLAIMS REMAINING AFTER AMENDMENT | NUI PREV | HEST MBER 10USLY D FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONA FEE | |
| AMERUMENT | Minus | -1011 | ≠ (1.11) | X\$ 9= | | OR | X\$18= | | |
| The state of the s | Company of the second | | 1 | 700-0- | | | | | |

* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

***If the Highest Number Previously Paid F P (Total | Independent) is the highest number found in the appropriate box in column 1.

TOTAL

ADDIT. FEE

+135=

ADDIT. FEE

TOTAL